

**SPECIAL  
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INTEREST:**

- **World Breastfeeding Week**
- **Topeka dental clinic now serving children with Medicaid**
- **“Choose Respect” Initiative launched**
- **School nurse appointed by Governor**
- **Booster Seat Flyer order form**

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# ZIPS

## **Zero to age 21: Information Promoting Success**

for Public Health Professionals working with Kansas Kids

VOLUME 4 NUMBER 7

JULY 2006

### **School Nurse Conferences Hold Promise of Learning, Collaboration, and Celebration**

July is full of mid-summer activities that have families enjoying all that the season offers, including long sunny days that make it easy for families to push thoughts of a new school year aside. However, Kansas's public health nurses, school nurse administrators, and school nurses are acutely aware that the next school year is just eight weeks away! For school nurses, this is the season that ignites excitement in preparation for a new school year and July will be bustling with two conferences that will educate, inspire and “spark” a celebration of this specialty practice area of public health nursing.

Beginning Friday, June 30 and ending July 3, the National Association of School Nurses (NASN) Conference will be held in New York City. This year's theme, a “Capitol Investment for Children,” will offer cutting-edge school nurse practice sessions over a four days that will include childhood obesity, evidenced-based practice, disaster preparedness for schools, collaborating for coordinated school health programs, and adolescent pertussis vaccination, and more. The conference goal is to advance the specialty practice of school nursing by strengthening school nursing skills need to: deliver nursing services, provide leadership, coordinate services between school and community, and support health education to clients.

Twelve Kansas school nurses will be attending this year's conference representing Garden City, Wichita, Topeka, Salina

and Olathe, as well as KDHE. Each nurse will bring back a wealth of information to share with our school nurse colleagues across the state.

Only two weeks later, July 17 – 21, more than 400 Kansas school nurses will attend the 17<sup>th</sup> Annual Kansas School Nurse conference, “Building Healthy Foundations: Eat Healthy, Move More.” To date, there are 70 new school nurses registered for the New Nurse Session. Plan on attending the general conference and share your experience with our new colleagues, as well as add new resources and information to your repertoire of school nurse practice expertise! Be sure and visit with the following NASN attendees at the Kansas conference about the national trends and issues impacting children and school nurse practice across the United States and here in Kansas: Polly Witt, Darlene Coffey, Cindy Galemore, Sue Holmes, Kathy Hubka, Shari Motelet, Garrie Oppitz, Kim Partin, Elizabeth Penner, Valerie Rainman, Christine Tuck and Brenda Nickel.

Look for NASN and Kansas School Nurse Conference highlights in the August edition of ZIPS – be inspired!



# PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant

## A Model of Prenatal Care to Consider



The Centering Pregnancy model of prenatal care is a paradigm that uses empowerment, group dynamics and facilitation of a group by a professional that is skilled in this type of setting and covers topics in areas of group-identified interest related to pregnancy, childbirth, parenting and personal growth. Centering Pregnancy groups are facilitated so that the women who attend the groups become the “experts” sharing their knowledge with the group so that it becomes a sort of collective wisdom. One topic is discussed during each session.

Each Centering Pregnancy group consists of eight to 12 pregnant women with

similar due dates that meet together regularly over the course of their pregnancies. The groups form between 12 and 16 weeks of pregnancy and continue through the early postpartum period, meeting every month for the first four months and then bi-weekly. As women come to the group they engage in the self-care activities of weight and blood pressure, estimation of gestation age and recording health information on their chart. With a practitioner, they listen to their baby's heart beat, check for uterine growth, and talk individually about specific problems and concerns. Finally, they complete self-assessment sheets that serve as a stimulus for subsequent group discussions. For more information on Centering Pregnancy go to: [www.centeringpregnancy.com](http://www.centeringpregnancy.com)

## Guidelines for Identifying Prenatal Alcohol Exposure, Referral and Prevention of Fetal Alcohol Syndrome

Fetal alcohol syndrome (FAS) results from maternal alcohol use during pregnancy and carries lifelong consequences. In 2002, CDC convened a scientific working group (SWG) of persons with expertise in FAS research, diagnosis and treatment to draft criteria for diagnosing FAS. A recent report summarizes the diagnostic guidelines drafted by the SWG, provides recommendations for when and how to refer a person suspected of having problems related to prenatal alcohol exposure, and assesses existing practices for creating supportive environments that might prevent long-term adverse consequences associated with FAS. The guidelines are intended to facilitate early identification of persons affected by prenatal exposure to alcohol so they and their families can receive services to achieve healthy lives and reach their full potential. The report also includes recommendations to enhance identification of and intervention for women at risk for alcohol-exposed pregnancies. The full report of this SWG is available at: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5411a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5411a1.htm)

**If we wish to create a lasting peace we must begin with the children.**

— Mahatma Gandhi

## World Breastfeeding Week



World Breastfeeding Week will be celebrated in the United States this year, August 1-7. The theme is “Code Watch: 25 Years of Protecting Breastfeeding.” In honor of World Breastfeeding Week, the International Lactation Consultant Association (ILCA) has materials available on their Web site that would be useful in practices that encourage and support breastfeeding moms and infants. In particular, a 2006 World Breastfeeding Kit is being offered that

includes items such as: pamphlets and posters in English and Spanish; a clinic waiting room sign; a breastfeeding-friendly clinic environment checklist; a sample crib card with a breastfeeding message and much more. The items mentioned in the kit can be used for celebrating World Breastfeeding Week and in outreach planning to create more breastfeeding-friendly communities in Kansas. For more information go to: [www.ilca.org](http://www.ilca.org) and click on the second new item near the center of the Web page.

# CHILD HEALTH

Brenda Nickel, Child Health Consultant

## Topeka Dental Clinic Now Serving Children With Medicaid

The Surgeon General cites tooth decay “as the most common childhood disease as annually, over 50 million school hours are lost due to dental related illness. With good dental care, children enjoy better general health, higher self-esteem, and do better in school” (Topeka Dental Clinic, FORBA). In Kansas, uninsured children and children with Medicaid often find it a challenge to find a dentist or clinic see them for care. Up until now, there have been two cities in Kansas that have dental clinics that serve children on Medicaid: one in the Kansas City area and one in Wichita. Now, the Topeka Dental Clinic has opened to serve children from their first tooth to age 21, who are on Medicaid, Healthwave or have Delta Dental coverage.

Licensed Kansas dentists will provide care to families whose children are covered by the afore-



mentioned dental insurance coverage, including children with special health needs. One exam room in the clinic has been designed with enough space to accommodate diagnostic equipment for exams and room to accommodate a wheel chair.

Any child who is a resident of Kansas and is on Medicaid may make for an appointment with an average wait of 1 – 2 weeks. Transportation is available for some patients and the clinic will accept cash patients. In addition, there are personnel at the clinic who speak Spanish. For more information, contact the Topeka Dental Clinic at 785-267-9500 or visit the clinic at 2035 SE 29<sup>th</sup> Street (29<sup>th</sup> and California), Topeka. The clinic’s motto, “We love to see kids smile,” has many practitioners smiling with the prospect of having a resource for families seeking dental care for their children!

**If you want to see what children can do, you must stop giving them things.**

— Norman Douglas

## 2006 KIDS COUNT Data Book Released

The 17th annual *KIDS COUNT Data Book* released June 27 reports that national trends in child well-being are no longer improving in the steady way they did in the late 1990s. The annual Data Book shows that three out of 10 child well-being indicators have worsened since 2000. More than 13 million children were living in poverty in 2004 – an increase of one million over four years. There was an increase in the percentage of low birth weight babies between 2000 and 2003 and an increase in the number of children living in families where no parent has full-time, year-round employment.

This year's essay, "Family, Friend and Neighbor Care; Strengthening a Critical Resource to Help Young Children Succeed," explores how to improve early childhood development experiences and op-

portunities for young children living in low-income neighborhoods by focusing on ways to support family-based child care providers. The state-by-state data contained in the 2006 *Data Book* are now part of an interactive database.

View the *2006 KIDS COUNT Data Book* and to order your free copy, go to [www.aecf.org/kidscount/sld/databook.jsp](http://www.aecf.org/kidscount/sld/databook.jsp)



# ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant

## KDHE Launches the Choose Respect Initiative – Local Activities Part of National Effort to Prevent Dating Abuse

“Choose Respect” - a new statewide initiative aimed at reducing the incidence of violence or rape among teenagers - has been launched in partnership between KDHE and the Centers for Disease Control and Prevention (CDC). The Choose Respect initiative aims to help adolescents develop healthy relationships by offering positive messages about giving and getting respect and prevent dating abuse before it starts.

Respect for others within teenage relationships is a significant public health concern. A recent CDC study in the Morbidity and Mortality Report (MMWR), used examined data from CDC’s 2003 Youth Risk Behavior Survey (YRBS) to evaluate the link between physical dating violence and selected behaviors that can place adolescents’ health and well-being at risk.

According to the report, one in 11 high school students reported physical dating violence victimization in the past 12 months, equating to nearly 1.5 million high school students a year. (The 2005 Kansas Youth Risk Behavior Survey notes that 1 in 12 high school students reported having been physically forced to have sexual intercourse). The CDC study notes that adolescents who report being hit, slapped or physically hurt by a boyfriend or girlfriend in the past year are more likely to report binge drinking, suicide attempts, physical fighting and current sexual activity.

“These numbers show that the effects of dating abuse go beyond physical injury,” said Dr. Howard Rodenberg, Director of KDHE’s Division of Health. “It’s an issue that affects the overall health and well-being of adolescents. That’s why we’re taking action not only to reduce the immediate consequences of this behavior, but also to prevent the long-term effects dating abuse can have on the health of our youth.” To help change this situation, KDHE is implementing the Choose

Respect initiative.

Research shows that reaching adolescents early – even before they start to date – is an important step in preventing dating abuse. As adolescents grow, they learn behaviors that will shape future relationships.

“Relationships can be one of the best - and most challenging - parts of an adolescent’s world. Our investment in the Choose Respect initiative is an investment in a healthy future for adolescents,” Rodenberg said. “We are capitalizing on the positive power of teens using the one rule we can all follow – treat others like you want to be treated – in helping to prevent harmful relationships before they even start.”

KDHE is launching a statewide media campaign using broadcast commercials on TV, radio and cable in addition to billboards and other media.

Choose Respect events with KDHE are part of broader community prevention efforts by Choose Respect community agencies in nine U.S. cities. Projects in Hartford, Conn., Houston, Indianapolis, Los Angeles, Minneapolis, New York City, Phoenix, San Antonio, and Washington D.C., are also promoting the initiative’s themes and resources among 11 to 14 year-olds and their parents. Using both their own programs and Choose Respect’s online games and interactive learning tools, television and radio spots, activity ideas, streaming video clips and clickable quizzes, each community is working to raise awareness of the importance of respecting friends and peers, and teaching skills to help adolescents form healthy relationships.

The Choose Respect initiative is designed to encourage positive action on the part of adolescents to form healthy, respectful relationships. To learn more, go to [www.chooserespect.org](http://www.chooserespect.org).





# PUBLIC HEALTH

## Children and Families Section

### Fire, Burn, and Life Safety Conference: Extreme Pub Ed Edition

**For most people, it's not what they are that holds them back. It's what they think they're not.**



The 7<sup>th</sup> Annual Fire, Burn, and Life Safety regional public education conference was held June 13 – 15 in Lawrence at the Eldridge Hotel. One hundred and two participants attended from Indiana, Nebraska, Arkansas, Oregon, Missouri, Washington DC, South Carolina, Colorado, and Kansas. A variety of topics pertaining to fire-related injuries and death, as well as grant writing, supporting and developing programs through data collection and outcomes, and innovative ideas for fire prevention and health promotion practices were

included. Experts in the field of life safety and injury prevention presented. In addition, Dr. Howard Rodenberg, KDHE Director of Health, presented the keynote address, “Make an Extreme Difference in a Child’s Life” covering the impact that all preventable injuries, including fire and burns, have on the State of Kansas.

For information on topics related to Fire and Burn Safety as well as programs and resources, contact:

Kansas State Fire Marshal’s Office  
[www.accesskansas.org/firemarshal](http://www.accesskansas.org/firemarshal)  
 KDHE Kansas Fire Injury Prevention Program  
[www.kdheks.gov/kfipp/index1.html](http://www.kdheks.gov/kfipp/index1.html)  
 Safe Kids Kansas [www.kansasafekids.org](http://www.kansasafekids.org)

### New Surgeon General Reports on Secondhand Smoke

U.S. Surgeon General Richard H. Carmona issued a comprehensive scientific report which concludes that there is no risk-free level of exposure to secondhand smoke. The finding is of major public health concern since nearly half of all nonsmoking Americans are still regularly exposed to secondhand smoke.

The report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, available at [www.cdc.gov/tobacco/sgr/sgr\\_2006/index.htm](http://www.cdc.gov/tobacco/sgr/sgr_2006/index.htm) finds that even brief secondhand smoke exposure can cause immediate harm. The report says the only way to protect nonsmokers from the dangerous chemicals in secondhand smoke is to eliminate smoking indoors.

Unborn babies are hurt when their mothers smoke or if others smoke around their mothers. Because their bodies are developing, poisons in smoke hurt babies even more than adults. Babies under a year old are in the most danger.

Secondhand smoke is a known cause of sudden infant death syndrome (SIDS), the sudden and unexplained death of an infant before age 1. The exact way these deaths happen is still not known. It may be caused by changes in the brain or lungs that affect how a baby breathes. During pregnancy, many of the compounds in secondhand smoke

change the way a baby’s brain develops. Mothers who smoke while pregnant are more likely to have their baby die of SIDS. A baby exposed to secondhand smoke after birth is more likely to die of SIDS than children who are not around secondhand smoke. These babies are also more likely to have lower birth weights and have more health problems because they breathe smoke. For example, they are more likely to have infections than babies who are not around secondhand smoke. In Kansas the risk of low birth weight (LBW) is greater for smokers than for nonsmokers (12.0 percent versus 6.6 percent), creating an excess LBW risk of 5.4 percent associated with smoking.

Studies show that older children whose parents smoke get sick more often. Like babies, their lungs grow less than children who do not breathe secondhand smoke. They get more bronchitis and pneumonia. Wheezing and coughing are also more common in children who breathe secondhand smoke.

Secondhand smoke can trigger

an asthma attack. Children with asthma who are around secondhand smoke have more frequent and worse asthma attacks. More than 40 percent of children who go to the emergency room for asthma live with smokers. These children also get more ear infections. They have fluid in their ears more often and have more operations to put in ear tubes for drainage.

#### Ask Ken!

##### ELECTRONIC SUBMISSION OF DATA & CVR’S

**Q:** How do I report two visits by a client in the same program on the same day?

**A:** A child under age 21 sees a provider for a Kan Be Healthy (KBH) in the morning and later in the day sees another nurse for an immunization (also a KBH service). For electronic or CVR, report all providers, services and referrals on the morning visit. Just one CVR will be filled out.

**Q:** If a client is Hispanic, do I have to report an origin (Question 4a)?

**A:** Yes, electronically or CVR a breakdown of origin must be answered (except for family planning). If not, the entire record will not be counted.



# SCHOOL HEALTH

Brenda Nickel, Child Health Consultant and Jane Stueve, Adolescent Health Consultant

## School Nurse Appointed by Governor Sebelius

Mary Ann Shorman of Hays was one of 15 individuals appointed to the Child Health Advisory Committee. The purpose of the committee is to help Kansas children live healthier lives. The committee advises the Governor and the Secretary of Kansas Department of Health and Environment on various issues involving children, including: obesity,



newborn screening, immunizations and education.

Mary Ann Shorman has been a school nurse for the Hays School district since 1988, with nearly 25 years of experience as a nurse. She has served as secretary and president of the Kansas School Nurse Organization and is a member of the National Association of School Nurses.

Be kinder  
than  
necessary,  
for every-  
one you  
meet is  
fighting  
some kind  
of battle.

-- Author  
Unknown

## Diabetes Management by the School Nurse

Diabetes is one of the most common chronic diseases in school-aged children, affecting about 176,500 young people in the United States, or about one in every 400-600 young people under age 20. The Center for Disease Control and Prevention (CDC) projects one in three children born in the United States five years ago will become diabetic in their lifetime. The forecast is even bleaker for Latinos: one in every two. Diabetes allows excess sugar to build up in the blood and eventually damage to the body organs if not diagnosed and treated. As a general rule, those who get diabetes usually do not suffer any symptoms at the start of the disease, and many have a hard time believing they truly have diabetes.

In a collaborative effort amongst the National Association of School Nurses (NASN), CDC and the National Diabetes Education Program (NDEP), the *Managing and Preventing Diabetes and Weight Gain Project (MAP)* program was developed for school nurses. The MAP program engages school nurses in

the care and management of children diagnosed with diabetes, screening students at-risk for diabetes, and educating students about how to reduce risk and prevent the development of diabetes. MAP is building on the concept that the school nurse develops a coalition with school personnel and community/families to prevent and manage diabetes. For more information on MAP, go to the NASN web site: [www.nasn.org/](http://www.nasn.org/) and look for Tools to Manage and Prevent Diabetes. Remember, to lower your risk of diabetes, eat healthy and move more!



## EVENTS



## RESOURCES



**17<sup>th</sup> Annual School Nurse Summer Conference.** School nurses from various regions will be asked to be in focus groups to provide suggestions and recommendations for the development of the School Health Module for electronic immunization records at the school site, including immuni-

zation surveillance tracking, generation of reports, and sharing of immunization information with other health care providers. It will be held Tuesday, July 18, 9 a.m. – 11 a.m. prior to the general session of School Nurse Conference in Room 207, Wichita Hyatt Regency. If interested, please send your summer contact information to Mike Parsons, Immunization Registry Training Coordinator, at [mparsons@kdhe.state.ks.us](mailto:mparsons@kdhe.state.ks.us) or call 785-296-3975.

**Teen Leadership Academy** Opening doors for Youth Leaders TODAY! July 17th - 21st (9 am. - 4 pm) Ward Meade Park, 124 NW Fillmore. Teen Leadership Academy, hosted by Safe Streets, will offer an intensive, five-day experience consisting of fun and educational activities designed to help teens develop leadership skills. The Teen Leadership Academy is a program for youth ages 13-16 who want to become active in their community. The academy will give young people the tools to become school and community leaders that create positive changes. Youth will be able to create solutions to the problems that they face such as community violence, alcohol and drug abuse, poverty and prejudice. Other academy activities will include serving lunch at several Topeka meal sites, a trolley tour of Topeka neighborhoods and attending a City Council meeting. Fee is \$35. Limited scholarships are available. For more information, call Lynn at Safe Streets at 266-4606 x39 or email at [lsmith@safestreets.org](mailto:lsmith@safestreets.org)

The state health departments of Kansas, Nebraska, Missouri and Iowa are holding the second **Hepatitis in the Heartland Conference** at the Hilton Conference Center in Omaha, Neb. on August 2-4, 2006. This conference will provide an update on guidelines and technological advances regarding viral hepatitis and co-infections with viral hepatitis and HIV. [www.hhs.state.ne.us/dpc/HEPBrochure.doc](http://www.hhs.state.ne.us/dpc/HEPBrochure.doc)

**Be true to  
your work,  
your word  
and your  
friend.**

**— Henry  
David  
Thoreau**

**Children's Health and the Environment** A new report by the Commission for Environmental Cooperation (CEC) profiles children's health and the relative risk of industrial chemicals. Using pollution data from Canada and the United States, the report focuses on chemicals associated with cancer, neurological and developmental damage and learning and behavioral changes. This report is available at [www.cec.org/pubs\\_docs/documents/index.cfm?varlan=english&ID=1965](http://www.cec.org/pubs_docs/documents/index.cfm?varlan=english&ID=1965) In addition, go to: [www.kdheks.gov/environment/index.html](http://www.kdheks.gov/environment/index.html) to see what programs/activities are available in Kansas that work to improve the condition of the environment in which we work and live.

The [Robert Wood Johnson Foundation \(RWJF\)](http://www.rwjf.org) has issued a call for proposals from local, regional and national organizations for the third round of its initiative, "Tobacco Policy Change: A Collaborative for Healthier Communities and States." Organizations interested in receiving funding under this program must be prepared to build and promote tobacco prevention and cessation programs, and be able to demonstrate previous success with advocacy and organizing. Award amounts will be based on the individual proposal and amount of matching funds and will range from \$75,000 to \$150,000 over a 13-month period. Deadline for application is Aug. 1. Organizations must have 501(c)(3) nonprofit status to be eligible. For additional information, read the [full funding announcement](#) online.



**2007 March of Dimes Grant Materials** The March of Dimes has posted 2007 Program Grant materials to the Greater Kansas Chapter Website. Program grants expand the mission of the March of Dimes through community service and education. Program grants are designed to fund projects specifically targeted to improve pregnancy outcomes and reduce infant mortality. Eligible organizations must be incorporated not-for-profit or for-profit organizations or government agencies. The March of Dimes does not award program grants to individuals. Applicant organizations must provide services in the State of Kansas or in Clay, Platte, Jackson, or Cass counties in Missouri. Approximately five projects will be funded in 2007, with awards ranging from \$10,000 to \$50,000 each. The deadline to submit proposals is September 1, 2006. Access the application guidelines and downloadable forms at: [www.marchofdimes.com/kansas/6238\\_11870.asp](http://www.marchofdimes.com/kansas/6238_11870.asp)





**The State of Kansas  
Department of Health and Environment**

Bureau for Children, Youth and Families

Children and Families Section

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Topeka, KS 66612-1274

Phone: 1-800-332-6262 (Make a Difference)

1-785-296-1307 (Administration)

*Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.*

**Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids.** We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback and suggestions.

Previous editions of ZIPS can be found at:

[www.kdheks.gov/c-f/zips/](http://www.kdheks.gov/c-f/zips/)

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<http://www.kdheks.gov/c-f>

## CHILDREN AND THE SUN



Children can develop skin cancer which may not show up until later in life. A blistering sunburn before the age of 10 will double the probability of children developing malignant melanoma sometime during their lifetime.

Being exposed to the sun throughout a lifetime can be deadly. Sun exposure is cumulative; the more sun you are exposed to and the longer you live, the greater your chances of having skin cancer. Protecting skin from damaging ultra-violet rays is more crucial during childhood than throughout the adult years.

The American Cancer Society suggests the following guidelines to protect children from the sun:

**S** --- Shadow test- if the shadow is shorter than the child, the sun is at its strongest and most dangerous point.

**U** --- Ultraviolet sunblock with an SPF of 15 or greater should always be used if the child is exposed to the sun.

**N** --- Now! Protect children from the harmful effects of the sun now. Start today!

## Sunburn

The best treatment for sunburn is prevention. Mild sunburn results in skin irritation and redness and can be safely treated at home. Severe sunburn requires medical attention.

### Did You Know?

More than 90% of skin cancers are the result of sun exposure. Unprotected sun exposure is even more dangerous for kids who have many moles or freckles, very fair skin and hair, or a family history of skin cancer.



### What to Do:

1. Remove the child from the sun right away.
2. Place the child in a cool (not cold) shower or bath – or apply cool compresses – several times a day.
3. Avoid creams or lotions that may hold heat inside the skin or may contain numbing medication. **Do not** put butter or toothpaste on the burn.
4. Offer the child extra fluids for the next 2 to 3 days.
5. Give the child ibuprofen (such as Motrin) or acetaminophen (such as Tylenol) as directed, if needed, to relieve pain.
6. Make sure all sunburned areas are fully covered to protect the child from the sun until healed.



### Call a Doctor if the Child Has:

- sunburn that forms blisters or is extremely painful
- facial swelling from sunburn
- sunburn that covers a large area
- fever or severe chills after getting sunburned
- headache, confusion, or a feeling of faintness
- signs of dehydration (increased thirst, or dry eyes and mouth)
- signs of infection on the skin (increasing redness, warmth, pain, swelling, or pus)

### Think Prevention!

Before kids go out in the sun, remember, “**Slip Slap Slop**”:

**Slip** on a shirt.

**Slap** on a brimmed hat and sunglasses.

**Slop** on sunscreen with an SPF of at least 15 (reapply sunscreen every 2 hours or if the child has been in water or sweating a lot).

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Deborah Mulligan-Smith, MD Date reviewed: April 2004





## Booster Seats Flyer Order Form

### Ship To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

\_\_\_\_\_ # of flyers requested \*

\* There is no charge for the flyers, however, please order only those you will be using until August 1<sup>st</sup>. We will be reprinting at that time.

Questions or comments about the flyer should be sent to [jstegelm@kdhe.state.ks.us](mailto:jstegelm@kdhe.state.ks.us)

**SEND THIS FORM TO: SAFE KIDS KANSAS**  
1000 SW Jackson Suite 230  
Topeka, KS 66612-1290

**OR FAX TO: (785) 296-8645**